

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2340SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2009
NAME OF PROVIDER OR SUPPLIER SILVER RIDGE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1151 TORREY PINES DR. LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on May 6 and May 7, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>The following complaints were investigated:</p> <p>Complaint #NV00021433 was substantiated with deficiencies cited. (See Tag Z 320)</p> <p>Complaint #NV00021565 was unsubstantiated with unrelated deficiencies cited. (See Tags Z 121 and Z 443)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z121 SS=D	<p>NAC 449.74441 Maintenance</p> <p>2. A medical record must be:</p> <p>a) Complete;</p> <p>b) Accurate;</p> <p>c) Organized; and</p>	Z121		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z121	Continued From page 1 d) Readily accessible to those persons who are authorized to review the records This Regulation is not met as evidenced by: Based on record review and interview the facility failed to have documentation of an incident and investigative report, interview records, and verification of an investigation and copies of any associated documentation accessible to the Bureau and in accordance with the facility's Incident Management Process. Severity 2 Scope 1	Z121		
Z320 SS=E	NAC449.74497 Daily Activities of Patient 1. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that: (a) The patient's ability to carry out his daily activities does not diminish unless such diminution is unavoidable because of the medical condition of the patient; (b) The patient receives the services and treatment needed to maintain or improve his ability to carry out his daily activities; and (c) The patient receives the services needed to maintain his grooming and personal and oral hygiene, and to ensure good nutrition, if the patient is unable to carry out his daily activities. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to meet the needs of residents as follows: 1. Ensure that call lights were promptly answered; 2. Ensure that urinals and bedside commodes were emptied and cleaned as needed; 3. Ensure that toilet tissue was accessible to residents at all times; and	Z320		

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Z320	Continued From page 2 4. Ensure that soap was available in the bathroom at all times. Severity 2 Scope 2	Z320			
Z443 SS=D	NAC 449.74533 Laboratory Services 4. A facility for skilled nursing shall: (a) Provide or obtain only such laboratory tests as are ordered by the attending physician of a patient in the facility; (b) Promptly notify the attending physician of the results of those tests; (c) Arrange transportation for a patient to obtain laboratory tests ordered by the patient's attending physician, if the patient requires such assistance; and (d) Include in the medical records of a patient all reports of the results of laboratory tests ordered for the patient. The reports must include: (1) The date on which the tests were performed; and (2) The name and address of the laboratory performing the tests. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to obtain laboratory testing (stools for Clostridium difficile) in accordance with a physician's order for 1 of 6 residents. (Resident #6) Severity 2 Scope 1	Z443			

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